

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on September 12, 2002.

The IRO reviewed ultrasound therapy, electrical stimulation, and hot/cold packs rendered from 9/12/02 through 3/5/03 denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 24, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
10/22/02	90820 x 60 min	\$180.00	\$153.00	C	\$3.00/min x 60 min = \$180.00	CPT code descriptor	Review of the bill review notes, dated 3/25/03 reveals that the requestor is not a contracted provider with FOCUS, therefore the requestor is entitled to additional reimbursement in the amount of \$81.00.
10/28/02	90820 x 60 min	\$180.00	\$153.00	C	\$3.00/min x 60 min = \$180.00		
11/4/02	90820 x 60 min	\$180.00	\$153.00	C	\$3.00/min x 60 min = \$180.00		
1/14/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00	TWCC Rule 134.600 (h)(4)	Review of the preauthorization letter dated 11/1/02 from ____ revealed that 10 sessions of biofeedback were preauthorized. Therefore, the requestor is entitled to reimbursement in the amount of \$480.00.
1/22/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00	CPT code descriptor	
1/29/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00		
2/12/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00		

2/13/03	E0745-NU	\$499.00	\$254.15	M/C	DOP	HCPCs code descriptor	Review of the bill review notes, dated 3/25/03 reveals that the requestor is not a contracted provider with FOCUS. The requestor and the respondent failed to submit relevant information to support and/or challenge, the denial of "M". Therefore no additional reimbursement is recommended for the disputed charge.
	A4556	\$50.00	\$42.50	C	DOP	HCPCs code descriptor	Review of the bill review notes, dated 3/25/03 reveals that the requestor is not a contracted provider with FOCUS, therefore the requestor is entitled additional reimbursement in the amount of \$7.50.
2/19/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00	TWCC Rule 134.600 (h)(4) CPT code descriptor	Review of the preauthorization letter dated 11/1/02 from ____ revealed that 10 sessions of biofeedback were preauthorized. Therefore, the requestor is entitled to reimbursement in the amount of \$240.00.
3/5/03	90900 x 60 min	\$300.00	\$0.00	A	\$2.00/ min x 60 min = \$120.00		
TOTAL		\$2,889.00	\$459.00		\$1,260.00		The requestor is entitled to reimbursement in the amount of \$808.50.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 10/22/02 through 3/5/03 in this dispute.

This Order is hereby issued this 13th day of February 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

November 20, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0168-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained injuries to her cervical and lumbar spine and a concussion on ___ when she hit her head on a monitor, causing a laceration and loss of consciousness. MRIs revealed disc herniations at C4-5 and C5-6 as well as a small disc protrusion at L5-S1. Apart from complaints of pain, she has experienced difficulty with short-term memory, speech, word-finding, and other residual affects from the head injury. She was seeing a chiropractor for her physical problems and a behavioral neurologist for the cognitive and emotional issues.

Requested Service(s)

Ultrasound therapy, electrical stimulation, and hot and cold packs from 09/12/02 through 03/05/03

Decision

It is determined that the ultrasound therapy, electrical stimulation, hot and cold packs from 09/12/02 through 03/05/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The reviewed medical documents do not show a medically necessitated basis for the provider's implementation of passive physiotherapeutics that include ultrasound, hot or cold packs, and electrical stimulation therapy. There is no documentation of the efficacy of the implementation of passive therapeutics while in the behavioral treatment paradigm that has been sufficiently outlined in the reviewed medical record. The rationale for the implementation of the provider's behavioral therapeutics is well justified by the patient's failure with previous therapeutic models. Therefore, it is determined that the ultrasound therapy, electrical stimulation, hot and cold packs from 09/12/02 through 03/05/03 were not medically necessary.

Sincerely,